

LLOYD COSTELLO, M.D.

ADULT HISTORY FORM

DATE _____

COMPLETED BY: _____

NAME _____ CHART _____ DOB _____ S M W D

CHIEF COMPLAINT _____

PRESENT ILLNESS _____

PRESENT MEDICATION _____

ALLERGIES _____

PAST HISTORY: Medical: Diabetes, hypertension, liver, lung, heart, thyroid, cancer, tumor, ulcer, kidney, bleeding prob.

Surgical: _____

Immunizations: _____

FAMILY HISTORY: Father- _____ Mother- _____

Brothers- _____ Sisters- _____

Children- _____

SOCIAL HISTORY: Occupation- _____ Smoking- _____

Alcohol/drugs- _____ Diet- _____

REVIEW OF SYSTEMS: (Circle positive findings)

HEENT: Headaches, vision changes, hearing changes, sinus, swallowing

RESPIRATORY: Cough, hemoptysis,

CARDIOVASCULAR: Chest pain, racing heart, swollen feet, HBP, varicose veins, DOE

GASTROINTESTINAL: Nausea, vomiting, pain, stool: black/bloody, change eating/bowel habits, jaundice, gas

GENITOURINARY: Frequency, dysuria, blood, stone, stress incontinence, start/stop difficulty

OB: Gravida Para Abortions Live C-Section

GYN: Menarche LMP / / Cycle Flow Abnormal cramps

Contraception Hyst/Menopause at Abnormal bleeding/spotting

Discharge Hormone Last Pap/pelvic / / Abnormal Pap

MUSCULOSKELETAL: Bone or Joint pain/swelling/deformity

NEUROPSYCHIATRIC: Seizures, dizziness, memory loss, LOC, behavior changes, mood change

ENDOCRINE: Breast, thyroid

DATE UPDATED: _____

UPDATED BY: _____